

Notice of Appeal

You must appeal within 3 days of receiving the decision against which you are appealing

Please ensure that you complete all sections as fully as possible. Failure to do so may result in your appeal being delayed.

If you have any problems in understanding or filling out this form please seek out a voluntary refugee organisation within your area, which may be able to assist you.

The Asylum Support's freephone number for appellants who wish to discuss any aspect of the appeal process is: 0800 681 6509.

SECTION 1: YOUR PERSONAL DETAILS

Please give your name according to Home Office records

Full Name(s):

Date of Birth / /

Nationality

Your Home Office Support reference number: / / /

Do you have a disability? ☐ Yes ☐ No

If Yes, do you have additional requirements:

Are your needs such that you want your appeal conducted by **video-link** at your nearest venue? ☐ Yes ☐ No



Video-link
If you have requested a video-linked hearing you should note that venues and times are limited and may still mean travelling some distance to your nearest venue. Video-link requests are likely to be granted **ONLY** where there are exceptional circumstances making it difficult for you to attend the Tribunal in London and may mean a delay in the listing of your hearing.

SECTION 2: YOUR CONTACT DETAILS

Please give contact details in the United Kingdom where you can be contacted and where you can receive travel documents:

Address
Postcode

Phone no. Fax no. (if you have one)

SECTION 3: HOME OFFICE DECISION LETTER

Please give the date of the **Home Office decision letter** against which you are appealing. / /




Home Office decision letter
You must attach a full copy of the Home Office decision letter to this form.

SECTION 4: TYPE OF HEARING AND LANGUAGE

Please tick the appropriate box for the type of hearing you require.

- I want my appeal determined on the papers☐ Yes☐ No
- I want an **oral hearing** of my appeal☐ Yes☐ No
- I want to attend the oral or video-linked hearing of my appeal☐ Yes☐ No
- I require an interpreter to assist me at the hearing☐ Yes☐ No

If Yes, you must state the language and the dialect

 **Oral hearing**

If you have requested an oral hearing, it is in your interests to attend. Please note that the Home Office will send travel documents before your hearing date. You must make sure you provide an address where these can be delivered.

SECTION 5: REPRESENTATIVE

- Do you have a representative assisting you with this appeal?☐ Yes☐ No
- If Yes, will your representative be attending your appeal hearing?☐ Yes☐ No

If you have answered ‘Yes’ to either question you must provide your representative’s contact details in the box below, together with any reference number the representative has given your case.

Name

Address

Postcode

Phone no.Fax no.

Email

Ref no.

SECTION 6: GROUNDS OF APPEAL

You must complete this section.

1. What are the grounds of your appeal?

2. What matters in the Home Office decision letter do you disagree with?
(If required, please use a continuation sheet).

3. If your appeal is late, please explain the reason and why you should be allowed to appeal out of time.

YOU MUST SIGN AND DATE THIS FORM

Signed
(Appellant/Representative)

Date

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

RETURN THIS FORM TO:
East London Tribunals Service
Asylum Support
2nd Floor, Anchorage House
2 Clove Crescent
London E14 2BE

T: 020 7538 6171

You may also return this form by email or by fax.
Our email address is
asylumsupporttribunals@hmcts.gsi.gov.uk
Our fax number is 01264 347 902

The Asylum Support’s freephone number for appellants who wish to discuss any aspect of the appeal process is:
0800 681 6509

Further information about Asylum Support appeals is available on: www.justice.gov.uk/tribunals/asylum-support